



REZONING APPLICATION (2006)

BEFORE YOU APPLY

Rezoning applications will not be accepted unless they are complete. A preliminary review meeting is strongly recommended.

Primary staff contacts for the Council Activities public hearing process are:

Walter Green	645-2485	wagreen@columbus.gov
Dana Hitt	645-2395	dahitt@columbus.gov
Shannon Pine	645-2208	spine@columbus.gov
Lisa Russell	645-0716	llrussell@columbus.gov
Council Activities fax:	645-2463	

THINGS TO REMEMBER

- ☐ You must make an appointment to submit a rezoning application unless you intend to submit on cut-off day. Note: the deadline is 10:00 AM on cut-off day (see page 2 for schedule).
- ☐ Incomplete applications will **NOT** be accepted.
- ☐ Application fees are non-refundable.
- ☐ Applicants shall confirm whether the subject site lies within the boundaries of an Area Commission, Historic Architectural Review Commission or recognized civic association. You can visit the website for the Neighborhood Services Division at www.cityofcolumbus.org, select Department of Development, Neighborhood Services Division, Neighborhood Liaison, then click on Area Commission or Civic Association. You may also call the appropriate Neighborhood Liaison for the area where your site is located.
- ☐ Staff will forward a copy of your application to the appropriate Area Commission, Historic Architectural Review Commission or recognized Civic Association. A written recommendation from the appropriate organization is required. **The applicant must arrange to meet with that group and obtain a written recommendation prior to the Development Commission hearing.**
- ☐ Be advised that you will be assessed additional fees for requests for tabling, reconsideration, amended proposals, etc. (See the fee schedule for details).
- ☐ The City of Columbus makes no determination whether an area proposed for public hearing action contains area(s) that might be classified as wetlands by the Army Corps of Engineers; nor does approval at the public hearing imply the site has complied with wetlands guidelines. It the applicant's responsibility to determine if wetlands exist on the site.
- ☐ A traffic impact and/or access study may be required by the Division of Transportation. **All traffic studies must be submitted 45 days prior to the deadline for Development Commission Agenda (see page 2).** Please contact the Division of Transportation as early as possible to determine if a traffic study is required.
- ☐ For properties undergoing annexation, applications cannot be accepted until after the County Commissioner's have adopted the annexation petition.
- ☐ All zoning legislation passed by City Council becomes effective thirty (30) days after passage unless amended to emergency with the approval of the City Clerk's Office. No building or zoning permits may be submitted until the legislation is effective. Applicants should contact the City Clerk's office at 645-4605 for information on requesting emergency legislation.



2006 DEVELOPMENT COMMISSION SCHEDULE

All applications must be **COMPLETE** and submitted in duplicate before 10:00 AM on the cutoff date. You are encouraged to submit your application before the cut-off date. Call Council Activities staff for an appointment.

NOTE: To be scheduled on any Development Commission Agenda, all required traffic studies must be completed and submitted to Division of Transportation no less than 45 days before the "Final Submission of DC Materials" date.

CUTOFF DATE (10:00 a.m.)	STAFF REVIEW (deadline date for Reconsiderations, 4:00 p.m.)	FINAL SUBMISSION OF DC MATERIALS (4:00 p.m.) <i>Request to be place on DC agenda is Due.</i>	EARLIEST POSSIBLE DC AGENDA (2nd Thurs of the Month)
11//1/2005	11/16/2005(11/6)	12/23/2005	1/11/2006
11/29/2005	12/15/2005 (12/5)	1/20/2006	2/9/2006
1/3/2006	1/19/2006 (1/9)	2/17/2006	3/9/2006
1/31/2006	2/16/2006 (2/6)	3/24/2006	4/13/2006
2/28/2006	3/16/2006 (3/6)	4/21/2006	5/11/2006
4/4/2006	4/20/2006 (4/10)	5/19/2006	6/8/2006
5/2/2006	5/18/2006 (5/8)	6/23/2006	7/13/2006
5/30/2006	6/15/2006 (6/5)	7/21/2006	8/10/2006
7/3/2006	7/20/2006 (7/10)	8/25/2006	9/14/2006
8/1/2006	8/17/2006 (8/7)	9/22/2006	10/12/2006
9/5/2006	9/21/2006 (9/11)	10/20/2006	11/9/2006
10/3/2006	10/19/2006 (10/9)	11/24/2006	12/14/2006
10/31/2006	11/16/2006 (11/6)	12/22/2006	1/11/2007
12/5/2006	12/21/2006 (12/11)	1/19/2007	2/8/2007
1/2/2007	1/18/2007 (1/8)	2/16/2007	3/8/2007
1/30/2007	2/15/2007 (2/5)	3/23/2007	4/12/2007
2/27/2007	3/15/2007 (3/5)	4/20/2007	5/10/2007



OFFICE USE ONLY

Application # _____**Fee:** 1st acre (\$1,500 or \$2,600): _____

Each additional acre (\$150 or \$260) _____

Total: _____

Date of Submittal: _____**Planning Area:** _____**Received by:** _____

REZONING APPLICATION (2006)

LOCATION AND ZONING REQUEST

Certified Address (for Zoning Purposes) _____ Zip _____

Is this application being annexed into the City of Columbus? Y or N (circle one)*If the site is currently pending annexation, Applicant must show documentation of County Commissioner's adoption of the annexation petition.*

Parcel Number for Certified Address _____

☐ **If applicable, check here if listing additional parcel numbers on a separate page (REQUIRED)**

Current Zoning District(s) _____ Requested Zoning District(s) _____

Recognized Area Commission or Civic Association _____

See instructions in "Things to Remember" on front of application packet.

Proposed Use or reason for rezoning request: _____ (continue on separate page if necessary)

Proposed Height District: _____ Acreage _____

(Columbus City Code Section 3309.14)

APPLICANT

Name _____

Address _____ City _____ Zip _____

Phone# _____ Fax # _____ Email _____

PROPERTY OWNER(S)

Name _____

Address _____ City _____ Zip _____

Phone# _____ Fax # _____ Email _____

☐ **If applicable, check here if listing additional property owners on a separate page (REQUIRED)**

ATTORNEY / AGENT (CIRCLE ONE IF APPLICABLE)

Name _____

Address _____ City _____ Zip _____

Phone# _____ Fax # _____ Email _____

SIGNATURES (ALL APPLICABLE SIGNATURES MUST BE PROVIDED AND SIGNED IN BLUE INK)

Applicant Signature _____

Property Owner Signature _____

Attorney/Agent Signature _____

My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that the City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc., may delay the review of this application.

City of Columbus | Department of Development | Building Services Division | 757 Carolyn Avenue, Columbus, Ohio 43224

REZONING APPLICATION CHECKLIST



The application package must consist of two (2) complete sets of all items listed below, one of which must contain the original signed forms.

- ☐ **The Application Form**
- ☐ **Notarized Affidavit Form and Label Sets**
(See instructions on the form.)
- ☐ **Notarized Project Disclosure Statement**
(See instructions on the form.)
- ☐ **Certified Address**
A certified address can be obtained at the Columbus Transportation Division;
109 N. Front Street, 3rd floor; Columbus, Ohio 43215. Phone (614) 645-2498.
- ☐ **Legal Description of the Subject Property**
Current property survey to include acreage of the subject property and all meets and bounds, referencing the centerline intersection of two public streets. If more than one zoning district or multiple sub-areas are requested in this application, separate legal descriptions must be submitted for each district and/or sub-area. This must also be submitted as an MS Word document saved on a 3 1/2" floppy disk or CD ROM, preferably left justified, with no indentations in Times New Roman font, size 10.
- ☐ **Location Maps (E-plot and A-plot maps)**
Subject site must be **outlined or highlighted with all public streets labeled** on an original E-plot and on an original A-plot map using planimetric layers **and** standard property layers. E-plot maps must be provided in a standard engineering scale (e.g., 10, 20, 40 etc.) or multiple thereof and must show the nearest public intersection of the street to which the site is addressed. E-plot and A-plot maps are available from the Franklin County Recorder's Map Room; 373 South High Street, 20th floor; Columbus, Ohio 43215. Phone (614) 462-4663.
- ☐ **Limitation/CPD Text**
All rezoning requests to Limited Overlay Districts (L-C-4, L-AR-12, etc.) or to the CPD, Commercial Planned Development District must include Limitation Overlay or CPD Text. All Limitation Overlay and CPD Text must be submitted in proper format (left justified, no indentations, preferably in Times New Roman font, size 10), as an original on 8-1/2" x 11" paper and as an MS Word document on a 3 1/2" floppy disk or CD ROM.
- ☐ **Site Plan** (required for CPD and PUD zoning districts and Limited zoning districts committing to a plan)
The site plan must be drawn to common, measurable scale and provide information applicable to proposed zoning district. A total of two (2) 2' x 3' plans and two (2) 8-1/2" x 11" reductions are required, as well as the site plan saved as a TIF file and submitted on a 3 1/2" floppy disk or CD ROM. Additional copies may be required for review by other city departments. Please meet with zoning clearance staff prior to submission of any site plan.
- ☐ **Approved Annexation petition from County**
A copy of the approved annexation petition is required for properties that are in annexation status at time of application.
- ☐ **Application Fees (Non-Refundable)**
Unrestricted Zoning District and TND requests are \$1,500.00 for rezoning of the first acre, plus \$150.00 for each additional acre or fraction thereof. Maximum fee is \$7,000.
CPD/PUD/Limited Districts requests are \$2,600.00 for rezoning of the first acre, plus \$260.00 for each additional acre or fraction thereof. Maximum fee is \$15,500.00.
Rezoning amendment ordinance fee is 100% of applicable full fee for a new application.
Development Commission Tabled Application fees:

1st Tabling:
1-3 Dwelling Units \$75.00
All Others \$500.00

2nd Tabling:
1-3 Dwelling Units \$150.00
All Others \$750.00

3rd and Subsequent Tabling:
1-3 Dwelling Units \$225.00
All Others \$1000.00

Checks are to be made payable to: Columbus - City Treasurer



AFFIDAVIT

(See instruction sheet)

STATE OF OHIO
COUNTY OF FRANKLIN

APPLICATION # _____

Being first duly cautioned and sworn (1) NAME _____
of (1) MAILING ADDRESS _____

deposed and states that (he/she) is the applicant, agent, or duly authorized attorney for same and the following is a list of the name(s) and mailing address(es) of all the owners of record of the property located at

(2) CERTIFIED ADDRESS FOR ZONING PURPOSES _____
for which the application for a rezoning, variance, special permit or graphics plan was filed with the Department of Development, Building Services Division on (3) _____

(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNER'S NAME
AND MAILING ADDRESS
☐ Check here if listing additional property
owners on a separate page (REQUIRED)

(4) _____

APPLICANT'S NAME AND PHONE #
(same as listed on front of application)

AREA COMMISSION OR CIVIC GROUP
AREA COMMISSION ZONING CHAIR OR
CONTACT PERSON AND ADDRESS

(5) _____

and that the attached document (6) is a list of the **names** and **complete mailing addresses**, including **zip codes**, as shown on the **County Auditor's Current Tax List or the County Treasurer's Mailing List**, of all the **owners of record of property within 125 feet** of the exterior boundaries of the property for which the application was filed, **and** all of the owners of any property within 125 feet of the applicant's or owner's property in the event the applicant or the property owner owns the property contiguous to the subject property: (7)

SIGNATURE OF AFFIANT
Subscribed to me in my presence and before me this
SIGNATURE OF NOTARY PUBLIC
My Commission Expires:

8) _____
_____ day of _____, in the year _____

This Affidavit expires six months after date of notarization.

Notary Seal Here



INSTRUCTIONS FOR AFFIDAVIT

- (1) Name and address of the person who did the research. It is important that the person who does the research is the same person who signs the notarized affidavit.
- (2) Address of the subject property as indicated on the address card from the Transportation Division; 109 N. Front Street, 3rd floor; Columbus, Ohio 43215, Phone (614) 645-7467.
- (3) Leave blank - staff will fill this out at the time of application.
- (4) From real property records located on the 20th floor of the Franklin County Court House Building, 373 South High Street, or other records enter the name and address of the owner(s) of the property the application is for. (This must be the same as the "Property Owner(s) listed on the application form.")
- (5) Fill in the appropriate Area Commission/Civic Association and complete contact information. This information can be obtained from Neighborhood Services by calling (614) 645-7563 or (614) 645-7564.
- (6) A "Variance Report" listing the surrounding property owners can be obtained at the Franklin County Auditor's Office. From the same records as in Item #4, enter the name and complete mailing address (including zip code) of the owners of all property located within 125 feet of the subject site or the boundaries of ownership in the event that one or more property owners of the subject site owns contiguous property. This shall include properties across the street and in other municipalities and jurisdictions, if applicable. Also, include the owners of any property within 125 feet of the applicant's property in the event the applicant or the property owner of the subject site owns property contiguous to the subject property.
 - (6A) It is the affiant's responsibility to determine the actual address, including personally visiting the properties, if necessary.
 - (6B) **DO NOT list a mortgage company as a mailing address** for the property unless title to the property is held by the mortgage company, thereby making the company the actual property owner. It is the affiant's responsibility to exercise reasonable diligence to determine the address of the actual property owner.
 - (6C) If property owners appear on the list more than once please provide only one mailing label.
- (7) **Please submit 2 label sets (in Avery #5160 format as shown on Page 8), plus 1 master set on paper, and one master set saved as an MS Word document on a 3 ½" floppy disk or CD ROM, listing the names and complete addresses of the applicant; the property owner(s); attorney/agent; applicable Area Commission or neighborhood group; and surrounding real property owners as explained in (6) above. Make sure that the last two lines of the address label contain the street address and the city, state, and zip code.**
- (8) The Affidavit form must be signed in the presence of a Notary Public.
- (9) **The Affidavit expires six months after date of notarization.**



EXAMPLE LABEL SET

APPLICANT

PROPERTY OWNER

ATTORNEY

ACME Inc.
c/o Brad Clark
555 Main St.
Anytown, USA 10000

Jeffrey Jackson
430 Main St.
Anytown, USA 10000

John W. Smith
Law Office LP
123 Main St.
Anytown, USA 10000

AREA COMMISSION OR NEIGHBORHOOD GROUP

Civic Group
c/o Zoning Chair Person
100 Main St.
Anytown, USA 10000

SURROUNDING PROPERTY OWNERS

Jeffrey Johnson
430 Main St.
Anytown, USA 10000

Robert Miller
425 Main St.
Anytown, USA 10000

Jane Lewis
429 Main St.
Anytown, USA 10000

Country Shops LP
c/o Shopping Centers Inc.
355 Town St.
Anytown, USA 10000

Joel and Carla Nelson
434 Main St.
Anytown, USA 10000

Susan Griffin
505 High St.
Anytown, USA 10000



☐ Address or location of site _____

☐ Annexation status _____

☐ Current development on the property _____

☐ Current zoning and legal use of the property. (Attach computer record if applicable)

☐ Proposed use of site _____

☐ Zoning Districts, Variances or Special Permit requested _____

☐ Total Acreage of the site _____

☐ Site Location - Attach and identify here the types of maps referenced (Zoning Map / GIS Map)

☐ Special Development/Review Standards: _____

Flood plain	
Airport Environs Overlay	
Historic Districts (HRC, Architectural Review, Listed Property)	
Traffic Standards Code (Right of Way, TIS, other)	PATTI AUSTIN, TRANSPORTATION DIVISION, 645-0624
Parkland (land, easements, bike paths, other)	MAUREEN LORENZ, DEPARTMENT OF RECREATION & PARKS, 645-3306
Zoning Clearance (Site plan review)	
Other	

☐ Review of Public Notice Affidavit requirements _____

☐ Adopted Area Plan or Development Policies _____

Recommendation/Other _____

☐ Preliminary Review of Limitation text or planned district text standards _____

☐ Area Commission or other Community Group _____

☐ Proposed Hearing Date _____

☐ Cut-off Date for the Proposed Hearing Date _____

☐ Items to be completed or revised before submittal (1) _____

(2) _____

(3) _____

(4) _____

(5) _____

☐ Requested Variances: _____

Comments (Applicant)	
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Comments (City)

City Staff Representative _____

(Signature) (Date)



PROJECT DISCLOSURE STATEMENT

Parties having a 5% or more interest in the project that is the subject of this application.

THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate 'NONE' in the space provided.

STATE OF OHIO
COUNTY OF FRANKLIN

APPLICATION # _____

Being first duly cautioned and sworn (NAME) _____
of (COMPLETE ADDRESS) _____

deposes and states that (he/she) is the APPLICANT, AGENT or DULY AUTHORIZED ATTORNEY FOR SAME and the following is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of this application in the following format:

Name of business or individual
Business or individual's address
Address of corporate headquarters
City, State, Zip
Number of Columbus based employees
Contact name and number

☐ *If applicable, check here if listing additional parties on a separate page (REQUIRED)*

1.	2.
3.	4.

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this _____ day of _____, in the year _____

SIGNATURE OF NOTARY PUBLIC

My Commission Expires:

This Project Disclosure Statement expires six months after date of notarization.

Notary Seal Here



City of Columbus
Mayor Michael B. Coleman

Department of Development Building Services

757 Carolyn Avenue ♦ Columbus, Ohio ♦ 43224 ♦ (614) 645-7314

FOR USE BY: AREA COMMISSIONS / CIVIC ASSOCIATIONS / ACCORD PARTNERS

STANDARDIZED RECOMMENDATION FORM

Group Name: _____ Meeting Date: _____

Case Number: _____ Case Type: ☐ Council Variance ☐ Rezoning

Zoning Address: _____ Applicant: _____

Person(s) Representing Applicant at Meeting: _____

Conditions Requested by Group (Add continuation sheet if needed): Area Commissions see note at bottom.		Applicant Response	
		Yes	No
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation

☐ Approval ☐ Disapproval ☐ Conditional Approval (list conditions and applicant response above)

Explain the basis for Approval, Disapproval or Conditional Approval below (Add continuation sheet if needed).

Recommending Commission / Association / Accord Partner Vote: For _____ Against _____

Signature / Title of Authorized Representative: _____

Daytime Phone Number: _____

Note to Area Commissions: Ordinances sent to Council will contain only recommendations for “approval” or “disapproval.” Recommendations for “conditional approval” will be treated as a disapproval, if, at the time the ordinance is sent to Council, any condition that was checked “No” on the *Standardized Recommendation Form* has not been resolved as documented in writing by the recommending body or party.